

4789

Dr. Fillmore

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 330

Registrar's No. 49

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

✓ (d) Length of Stay: In Hospital or Institution Stillborn; In Community -----; In Arizona -----
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)

(d) Street No. 162 East 1st. Ave.; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Doral Larsen (b) If Veteran name was No If Yes, which country ----- (c) Social Security No. None

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife, if alive ----- yrs.

7. Birthdate of deceased Feb. 23, 1946
(Month) (Day) (Year)

8. AGE: Years Stillborn Months ----- Days ----- If less than one day
hrs. ----- min. -----

9. Birthplace Mesa, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Infant

11. Industry or Business -----

Father { 12. Name Elwood Earl Larsen
13. Birthplace Salt Lake City, Utah
(City, town or county) (State or Country)

Mother { 14. Maiden Name Lorna Miller
15. Birthplace Mesa, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Elwood E. Larsen
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 2-23-1946

18. (a) Embalmer's Signature None
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) Mar 9, 1946
(Date received Local Registrar)

✓ (b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 23, 1946
TIME (Hour and minute) 10 A. M.

21. I hereby certify that I attended the deceased from -----, 19 ----- to -----, 19 -----;
that I last saw him ----- alive on -----, 19 -----;
and that death occurred on the date and hour stated above.

Immediate cause of death

Stillborn
cause unknown

Due to

Due to

Other conditions

(Include pregnancy within three months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Underline the
cause to which
death should
be charged
statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) -----(b) Date of occurrence -----(c) Where did injury occur? -----

(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -----

(Specify type of place)

While at work? -----(e) Means of injury -----23. Signature A. J. FillmoreAddress MesaDate signed Mar 9-46 M. D.